UL	1-15	9 8	3	1-	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENE 8 6	2 3	203	
					EASED NAME	FIRST		MIDDLE	d 1	AST .	-		EAR 26. HOUR	
	be	oge 3 deoth		(1172	OR PRINT)	Geor	rge :	Henry	Bu	rdock	8	11 1986	6 P	M
	e o	er d		3 SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DATS HOURS W	IRS.
	4	ector rs of	/		Male		Whi	te	M9N2	T'3 1900	85	YRS	DATS ROOKS N	HP4L
	eoth ro	neral dir	133		RTHPLACE (STATE OR I	OREIGN	U.S	. A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Garret		тн	MD
01	s offer d	by the fu	Saffied S		ty or town of dea akland	ATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET ett Co.	ADDRESS)	Hosp.	12a USUAL OCCUPATION OF WORK FOR MOST OF MINET	ON F WORKING LIFE) INDU	IND OF BUSINESS	OR
AND 212	24 hour	filled in rould be f	35	T3a S	L RESIDENCE (IF NURS	MINE OR		EIK OF S		134 INSIDE CITY LIMITS?	Box 206	ZIP CODE -26	717	9
RYL	191	127	1	14 FA	THER'S NAME		AIDDLE	LAST	JET.	15 MOTHER'S MAIDEN NA	ME		LAST	
WA	96	00/	2		John			Burdoc	k	Carrie		Kne	pp	
ORE,	700	7 5	1-		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRE			
IMO	1	100	15		No	(# (25 0))	. WAN ON DATES!	236-12	-8095	Mae Burdo	ck Bx. 206	Elk Ga	rden,Wv	
8 ALI	1	loson loson	1		18 CAUSE OF DEAT PART I. DEATH W		y ane cause pe D BY: E CAUSE (a)	r line for ial lb ar	dic.	Monia 1	e latital	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEA	TH
ESTON ST	A STATE OF THE PARTY OF THE PAR	other comp	aumotic e		Conditions, if any	which		OR AS A CONSEQUE	ENCE OF	note agli	mailan	Ses. V	xars -	
W. PR	thot the	by the lase ram of crema	r other to		gove rise to immoduse (a), static underlying couse	g the	DUE TO, C	OR AS A CONSEQUE	evid	3 ders	lo	5	rean_	
RDS, 20	- deleter	Then plants	o danka	NO	PART 2 OTHER SIGN	RILL	ONDITIONS C	Cherale	DEATH BUT	NOT RELATED TO THE TERM	Pas Als	DITION GIVEN	ART Tra	
AL RECORD	he low on.	has be t permit ene pri	uo g	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO [	
OF VIT	KCIAN: T	ertificate ial-transi ntal Hygi	6m 18 sh	1	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A	DF INJURY M. MONTH D .M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORP.	ART 2)	
NOISINIC	G PHYS	s the bur	rked or H	MEDIC	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY OFFICE	FARM ETC )	21f LOCATION STREET	CITY OR TO	wn cour	NTY STATE	Ł
۵	TENDIN Ital or	OR. Afr	l is mor		220.1 certify that (1) saw the deceas	(this hospit		19-	Aug.	nd that in (my) (aur) apinian	, to	te and hour and tre	that (I) (we)	last
	AL OR AT	at DiRECT etached for te Dept o	I. If hem 2		obove, (I) (we) (i	did) (did not	ews	Marie death.	/ .	DEGREE ATTENDING	MEDICAL STAF	22c.	DATE SIGNED	Y
	HOSPIT	FUNER, outd be d th the Sto	PORTAN	-	PHYSICIAN'S N.	AME (TYPE OF	PRINT)	0		22e ADDRESS			11,	
	0 5	of share	<u>×</u>	22- 0	LIDIAL COPALATION	DE HOUSE	Tool Date	122	14145 05 6	THE TERM OF CREAT AT CREAT	Table LOCATION			_

STATE OF MARYLAND

230 NAME OF CEMETERY OR CREMATORY

Nethken Hill

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

D.A. Burdock Bx.523 Kitzmiller, Md.

236 DATE

8/14/86

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

24 FUNERAL DIRECTOR

23d LOCATION Elk Garden Mineral 250. DATE REC D. BY REGISTRAR DE REGISTRAR STICK DURE

WV

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3204 2

0-1547	2 1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	0 0	2 NO.	3 2	0 4
		CEASED NAME	FIRST	-	MIDOLE	l l	AST	20. DATE OF DEAT	H MONTH	OAY YEAR	2b. HOUR
2 24	( TAE	E OR PRINT)	usan	A	gnes	DRAI	NER	August	10,	1986	9:23P N
1 80	1.50	x		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHOAY)	IF UNDER TYEAR	IF UNDER 24 HRS
* 35	1	Female		White		Marr	24, 1897	89	YRS	MONTHS DATS	HOURS MIN.
	T. m.	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	May 8		9 BALTIMORE CIT		TY OF DEATH	
E BENE	4	COUNTRY		USA			D NEVER MARRIED DINORCED				AAD
9 34 67	10 0	W. Va.	ATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	Garret	ATION		OF BUSINESS OR
1 444		Onleland			CH FACILITY, GIVE STREET		al Nasmidal	(TYPE OF WORK FOR MC			
1 11 1	Ust	Oakland AL RESIDENCE (IF NURS					al Hospital	Homemak		Own	Home
4 39 %	13a.	STATE	135 COUN	VTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE			
	111.5	Maryland ATHER'S NAME	Gar	rett	Oakland	1	YES NO	428 S. T	nird S	treet	21550
J with	7	FIRST		MIDDLE	LAST		FIRST	MIOO	E		\ST
omb omb		Sanford			Stewart		Susan	AF	DRESS	Sypol	t
ond c		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	AL	DKE22		
S. Po		No			219-52-5	5630	Mrs. Ruby A	shby - sam	e as l	3	
ote oper vol.		18 CAUSE OF DEAT	H (Enter on	ly one couse pe	yeth anti to		01	Mik. /guldi i	100	BETWEEN	COMPANY OF THE STATE
rificate be exec physicion and anpopers. Pages emoval.		PART ILIDEATH N	MMEDIA		Juliu	mar	y Ideura			au	4/2
es that the death cert ned by the attending please remove carbo urial, cremation, or re v, or other traumatic ev,				DUE TO g	A CONSEQUE	NCE OF	c 0 1 +	-/		A	
deot otter ove thon,		Conditions, if any		1 61	mu	oru	a Pulate	ial		Kas	15
the remo		gave rise to improve course to status	ig the	DUE TO P	A WENNELOUS	NICEOF	0				
by ose		underlying couse	last	1 6	arren	ø Sa	Proses			Ged	12
gned n ple buric		PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION	SIVERAMENT	(i)
The The injuries	CERTIFICATION	123/19/10								,	
ow beer mit prior	7 3	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIND	
he le		1000		7 3 30				YES NO		YES [	NO 🗆
7 9 9 9 4	7 8	210. ACCIDENT WAS UN		HOUD A	OF INJURY	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	injury in Item 1	8 PART   OR PART 2}	
22 12 17	13	OR CONTRIBUTING			.M. MONTH D	19					
The low requirement of the second of the sec	EDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	CITY	or town	COUNTY	STATE
the	3	WHILE NOT WE	HILE	(AT HOME ST	IREET, FACTORY, OFFICE, F	ARM ETC )	SIKEEI	CHI	N 10494		31716
No state		220.1 certify that (I)		tol) attended t	he deceosed from_	Ju.	ne 12 19 77	10 10	aus	10 86	, that (1) (we) lost
ATT OF THE		sow the deceos	ed olive on	1000	19	0.01	nd that in (my) (our) opinion	n death occurred on the	e date and h	our and from the	e couses stated
A B B B B B B B B B B B B B B B B B B B		obove, (I) (we) (	did) (did no	t) view the body	y ofter death.		DEGREE			22c. DAT	ESIGNED
01 080 =		18	16	11100	The		ATTENDING		STAFF	110	a
A Section	/	22d. PHYSICIAN'S	AME TYPE	SR PRINT)	III)		PHYSICIAN 22e ADDRESS	DIRECTOR   PH	YSICIAN [	10/00	900
P + SET								1	1==0		
0 0 0 1 4	-	A.E. M			l'ac		Oakland, M		1550		
the same of the sa	1220	RUDIAL CREALATION	DEALOWAL	1 TOL DATE	1 22, N	LABRE OF	EXACTEDY OF CREAM ATORY	1774 LOCATION			

Burial

CITY OR TOWN Oakland

COUNTY Maryland Garrett

24 FUNERAL DIRE Durst Funeral Home - Oakland, Maryland 21550

Oakland Cemetery

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1 6 5 6 6 THE PERSON NAMED IN TAKEN A PROPERTY OF THE PARTY OF THE Make - man at man - still Dakland Concest County Navoriel Toppical Homewalter Com rander describe California e compara estado de compara The same of the sa of the same - makes when the same services and the "Benford decreal hanting explored watter South Suret Suneral Bone - Coleand, Courtant Street Site La Silver Silver

Margaret Davis, Rowlesburg, West Virginia BETWEEN ONSET AND DEA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 706. IF YES, WERE FINDINGS HAFD IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 230. BURIAL, CREMATION, REMOVAL 23E NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) burial 8/27/86 Mt. Olivet Cemetery Aurora, Preston, West Virginia 24. FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Davidson-Randell 21550000 Bradley A. Stewart Oakland, Maryland (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

126 KIND OF BUSINESS OR

LAST

Harron

26425

INDUSTRY

Home

430 PM

IF UNDER 24 HRS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-16429 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN K MONTH (TYPE OR PRINT) 86845A DEATH MATED Magdalene Lucille Glotfelty 4 RACE 2c. DATE LAST BIRTHDAY) PRONOUNCED 861 DEAD 10/3/1909 White 76 Female 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE O 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY Garrett Maryland WIDOWED -DIVORCED IN CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) McHenry Route 1. Box 13 Homemaker Own Home 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X 21541 Maryland Garrett McHenry Route 1. Box 13 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE William Glotfelty Sarah Castee! ADDRESS Oute 1 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Salisbury, PA 15558 215-36-9891 Mrs. Joesphine Oester APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which 13 Arteriosclerosis, generalized gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 3 SHOULD BE USE OF HEALTH ANI DEPARTMENT OF HEALTH ANI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 CATE, WRITING THE WC FORWARDED TO THE TOR: PAGE 3 SHOULD BI 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 71f LOCATION 214. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE & SHOULD BE FORWARDE TO FUNRAL DIRECTOR: PAGE 3.1 AFTE DEATH, WITH THE STATE DE BALLIM DRE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK 270. I certify that took charge of the remains described above, held an Autapsy Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 8-23-86 ACTUAL M.D. Deputy SIGNATURE S. 2nd. St., Oakland, Md. EXAMINER'S NAME James H. Feaster, Jr., M. D. 23d. LOCATION 230, BURIAL, CREMATION, REMOVAL 236, DATE Glotfelty Family Cemetry MCCC ACCIDENT, GARRET 1756 DATE REC'D. BY REGISTRAR'S SIGNATURE Burial 8/25/86 MXXX Accident, Garrett, MD 07/84 25M 24. FUNERAL DIRECTOR **DHMH** - 17 いいあいないはいいいのではない Grantsville, MD auman (VR A15 ME (5))

5 ONS 2 STATE OF THE STATE OF T harfistener Laise to Local 2-37th the state of the s STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23207

	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME	FIRST		WIDDLE		EAST	20. DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR
		prothy		lae	GRA		August		1986	1:10A
3. SE			4 RACE	in markets		OF BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN
-	emale		White		Apr	11 26, 1934	52	YRS	5	
	RTHPLACE   STATE C			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	ITY OF DEATH	
	Pennsylva		USA		WIDOWI	ED DIVORCED	Garre			N
	or town of D Dakland	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESSI	ursing Home	12g USUAL OCC (TYPE OF WORK FOR A Homema)	MOST OF WORKING	GLIFE) INQUSTRY	OF BUSINESS O
USU/ 130. S	AL RESIDENCE (IF NO	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e_STREET ADDE	RESS		
_	Maryland	Gar	rett	Mt. Lake	Pk.	1	13e STREET ADDR Pinewoo	ds Eas	t Apt. I	13 2155
4 FA	John		MIDDLE	Patterso	nn .	15 MOTHER'S MAIDEN NAI FIRST Ruth	ME	DIE	Picker	ist cina
6a V	VAS DECEASED EVE			16b SOCIAL SECUE		17. INFORMANT	A	DDRESS 7 2	47 Richy	
	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	163-26-	7890	Mrs. Chris Ma				
	18 CAUSE OF DEA	TH (Enter or	ly one cause per	line for (a), (b), and	lici)	, ,			APPRO BETWEEN	XIMATE INTERVAL
	PART I. DEATH		E CAUSE (b)	metasto	thic	breast 1	Cancer		3	HEARS
CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TERM	200 AUTOPSY	20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED
RTIF							YES NO	Se l	YES	NO 🗌
-	210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER NOTIFY ME	CAUSE OF DEA	din .	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	216 INJURY OCCU	RRED WHILE ORK	21e PLACE O	OF INJURY EET FACTORY OFFICE, FA	RM, ETC )	21f. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	22a I certify that (			deteosed from 3	6	11 19 84	denth occurry	8/11	19.86	that (I) (we) la
	abave, (1) (we)	(did) (did no	ti view the body	ofter death.		nd that in (my) (our) opinion (	death occurred on	ine dote and h		
	May	guri	+-at	Kaise	mi	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [	22c. DATE	20/SC
	22d. PHYSICIAN'S		KA,	ISER		3/1 N 4th	Suite 3	a	Kland	ud:
	URIAL, CREMATION	, REMOVAL	23b DATE	9.32		EMETERY OR CREMATORY	23d. LOCATION CITY OR TO	wn 1	COUNTY	STATE
4 50	Burial	-	10/27/8	16 Ga:	rett	: Memorial Gar			Garrett	Md.
	INERAL DIRE	levil &	4. Olle	AUDAESS		1 5 6 1 1	E REC'D. BY REGIS G 2 2 198		ISTRAR'S SIGNA	
- 7	niret Fun	eral H	ome - Oa	akland, Ma	arvla	na 21550   M	0 4 4 130	U 11		9

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic

CRATINI AUGUST 20, 10000 ne neet an diens olgent olasta sagara e P ACTOR SOLD Talkanant and askers vaget had seneral harises Parel on Carette In. Late Ti. E Pinnedone Test Par. 13-21510 DATE CHOUSE AT TAPE ser-or-page fign. Ciwie Mchoney - How enters, N. Vi. Land the first of the state of Net adopted builded bear talvaled decemb 381,2518 Turet Fureral Lamo - Oakland, Tam Lam 31550 a sal & 61350

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

0-81806

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

6 2

2 3 2 0 8

REGISTRAR			CERTIFIC	CAIL OI DEATH	REG. N	10.				
DECEASED NAME FIN	\$1	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	JR
	roll W	illiam	HA	HN		8	20	86	1:35	a <sub>M</sub>
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	MONT	DER 1 YEAR	IF UNDER	MIN.
Male	Wh	ite	June	18, 1917	69	YRS		DATS	HOURS	MIN.
TO BIRTHPLACE (STATE OR FORE	Th CITIZEN OF	WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF	DEATH		
Maryland	U	SA	WIDOWE		Garrett					MD
10 CITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			26. KIND C		
Oakland		st Green		t	Parts Man	OF WORKING		odustry Garac		
USUAL RESIDENCE (IF NURSING +	OME OR OTHER INSTITUTION	136 CITY OR TOW		13d INSIDE CITY LIMITS?	113. STREET ADDRESS	/ 7IP CC	DDE			
Md.	Garrett	Oakland		YES NO	417 East			treet	21	550
14 FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		CA C			222
Bliss	WIDDLE	Hahn		Grace	WIDDLE		TAT	hiteh	37	
160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	VV.	iircei	lair	
	YES, GIVE WAR OR DATES)	213-01-5	636	Genevieve V.	Hahn See	#13	aho	170		
				denevieve v.	maini, bee	#13	T		CIMATE INTE	RVAL
18 CAUSE OF DEATH (E PART I. DEATH WAS	TAUSED BY			ailure - Acut	o & Chronic		-		eral	
IMA	AEDIATE CAUSE (0)									7
gove rise to immedi	DOE TO, ON AS A CONSEQUENCE OF							Unkr	ears nown	
	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION (	GIVEN I	N PART 1	0	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	1 196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF	YES, WE	RE FINDI G CAUSES	NGS USE S OF DEAT	TH?
	OF DEATH HOUR A	DEINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	URY IN ITEM	18 PART I	ORPART 2)		
CIFETHER NOTIFY MEDICALE  21d. IN JURY OCCURRED  WHILE AT WORK  AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	OWN		COUNTY		STATE
220.1 certify that (I) (the sow the deceased a above. (Milwei (did))		SE 20 19 6	Octob 36	per , 19 67 and that in (my) (our) opinion	, to August	20 date and h			that (I) (	-
22h anginature	2/ /	g ktou	- 7	ATTENDING PHYSICIAN S	MEDICAL STA				SIGNED Augus	
		on, M.D.		Oak @ Fifth	Sts., Oakl	and,	Mar	ylan	d 2	1550
23a BURIAL, CREMATION, REA	OVAL 236 DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		10	UNTY		STATE
buria	1 8/23	/86 Oa	kland	Cemeterv	Oakland.	Garr				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

se os the buriol-tronsit permit. Then ofth and Mental Hygiene prior to bu morked or them 18 shows any injury

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept of Health

IMPORTANT: If Hem 21 is

Bradley A. Stewart

24 FUNERAL DIRECTOR

Oakland, Maryland

21550

Oakland, Garrett, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG'2 7 900 Julia Junio Andrews

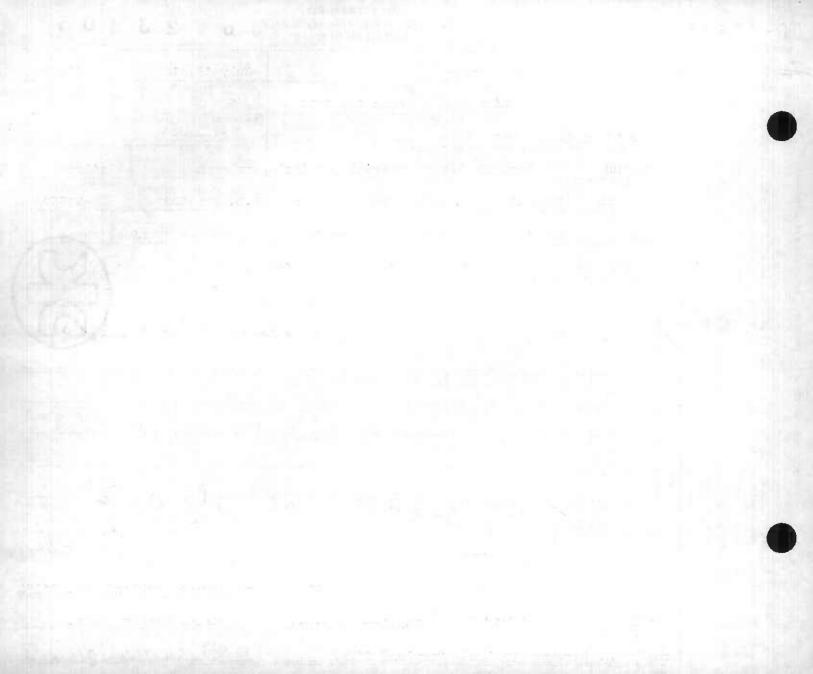
# STATE OF MARYLAND

2 3

15569	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 6 2	321	) 9
	1. DE	CEASED NAME FIRST		MIDDLE	1	A51	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
ge 3 eoth		OR PRINT) Theo	dore		HEB	B	July 13, 198	6	10:30p M
e d e	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
ector rrs off		Male	Whit	e	June	16, 1930 TEAR	56 yr		HOURS MIN.
5 P S		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
Co nero		West Virginia	USA		WIDOWE		Garrett		WE
by the to		ty or town of death Oakland	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)	rother INSTITUTION ial Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKII Brakeman	NG LIFE) INDUSTRY	of Business or lroad
must be	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	DROTHER INSTITUTION JINTY  rrett	130 CITY OR TOV Mt. Lak	NN	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / ZIP C P.O. Box 223	CODE	21550
pletely and 2 sh		ATHER'S NAME FIRST	MIDDLE	LAST	1.	15. MOTHER'S MAIDEN NA	MIDDLE	LA Total and a series	iST
0/60		George Wa	shington			Bertie 17 INFORMANT	ADDRESS	Lipscom	5
Poges		YES, NO OR UNKNOWN) (IF YES C	IVE WAR OR DATES					11.40	MATE
8		no	-	234-48-	5801	Mrs. Juanita	a D. Hebb S	ee #13 al	NIMATE INTERVAL
hen please re a burial, cren jury, ar ather	2	couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(10)	OR AS A CONSEOU		NOT RELATED TO THE TERM	MIN AL DISEASE OR CONDITION	I GIVEN IN PART 1	0
t permit. Il	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. II	FYES, WERE FINDS ERTIFYING CAUSE YES []	INGS USED S OF DEATH?
Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	1100100 4	OF INJURY	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	N 18 PART I OR PART 2)	
4	18	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19	The state of the s			
5/	MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM, ETC 1	21 LOCATION STREET	City Of fown	COUNTY	STATE
-x	2	AT WORK AT WORK		echi di		1 00		V D	
s mo		220 I certify that (1) (this bos	pital) attended t	he deceased from	Sex	19.		1, 19 00	, that (It (we) las
21 is	7	sow the deceased alive of abave, (I) (we) (did) (did)	not view the boar	after death	Slo6,	nd that in (my) (ayr) apinion	death accorred on date and	I hour and from the	causes stated
If Hem		22b. SIGNATURE	7 John	~~~		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATI	SIGNED/12
Stot		22d. PHYSICIAN'S NAME IMP	OR PRINT)			220 ADDRESS	DIRECTOR PHYSICIAN	, ,	,,,,
apoRTANT:		Dr. Thoma		on	Tel con		ourth Street O	aklamd.	Md. 2155
v 2 ₹		BURIAL, CREMATION, REMOVA	L 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	7/17/	86	Fansle	r Cemetery	Hendricks Tu	cker W	Va.
	24 F	UNERAL DIRECTOR				750 DA	TE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE

Bradley A, Stewart Oakland, Maryland 21550

DHMH - 16 60M 7/84 (VRA 15, 4)



dance to employ them.

1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

23211

	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME FIRST	A	NIDDLE	i.	AST	20. DATE OF DEA		AY YEAR	26 HOUR
(1936	Leona	Cor	rude	DE	ROPST	August	12 1986		7:55p M
3. SE		4 RACE	L uue	5. DATE C		6. AGE IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	Female	White	9	Aug.		82	YRS	ONTHS DAYS	HOURS MIN.
	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
	Maryland	US	A	WIDOWE			Garrett		MD.
III C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCL	JPATION	126. KIND O	F BUSINESS OR
	kland				ial Hospital	House	NOST OF WORKING LIFE	INDUSTRY Hom	ie
130	AL RESIDENCE (IF NURSING HOASTATE 136 C	NE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CODE		
M	aryland G	arrett	Oakland		YES NO X	Rt. 3 Bo		21	550
14 E/	ATHER'S NAME	MIDDLE	LAST	5	15 MOTHER'S MAIDEN N	AME	DIE	LAS	
		Jackson	Wilso	n	Sarah	Eliza	Allie	Whi	
	WAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
(	YES, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	220-03-7	225	Maryland Lo	ughry	See #13 a	above	
	18 CAUSE OF DEATH (Ente	er only one couse per	line for 101, fb1, and	19	2 05		1/2/15	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CA	DIATE CAUSE (0)	175	Ke	V TOU	Inc		In	ne dute
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	R AS A CONSEQUE		CAN	T Esy	lizors	10	1
20	PART 2 OTHER SIGNIFICA	nt conditions <u>co</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVE	N IN PART 10	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSYS	IN CERTIFY	WERE FINDING CAUSES	
1200	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE C	IF INJURY IN ITEM 18 PA	RT   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	220. I certify that (I) (the saw the deceased alive above, (I) (we) (did) (di	1 25 3	19		nd that in (my) (ayr) apinio	n death accurred on	the date and haur		that (I) (ye) last couses stated
	226 SIGNATURE	John				MEDICAL DIRECTOR P	STAFF HYSICIAN []	DATE OF 2	SIGNED
	22d. PHYSICIAN'S NAME (1	A CE SERVIT			22e. ADDRESS	IL REAL TO			
	Dr. Thom	nas Johnso	n, MD		311 N. Fo	ourth St.,	Oakland	, Md.	21550
23a	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
	Burial	8/16/	36 Wh	nite (	Church Cemete	ry Oaklan	nd Garr	rett	Maryland
34 F	INIERAL DIRECTOR				250 D.	ATE DEC'D BY DEGIS	TRAPISH PEGISTE	AD'S SIGNIAT	LIDE

Bradley A. Stewart Oakland, Maryland 21550

DHMH - 16 60M 7/84 (VRA 15, 4)



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIRNE (5)

0		2	1	2
2	3	Con	-	dia.

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
		EASED NAME FIRST WALTER	Lec	DDIE	Rea	AS1	20 DATE OF DEATH	8 26	1986	26. HOUR 1105 A M	^
	3. SEX	Male	4 RACE White		5. DATE C	st 17,1907	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	_
X		WHPLACE ISTATE OR FOREIGN OWEST Virginia	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Garrett				
5		Oakland_	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	Hospital	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST C Coal Mine	F WORKING LIFE		F BUSINESS OR	
1	130 S	est Virginia G		Bayard Bayard		13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS 26707		99	7999	
0	2	THER'S NAME FIRST  Edgar	MIDDLE	Reall		IS MOTHER'S MAIDEN NAME FIRST COTA	MIDDLE	500	Clayto	on	
7			MED FORCES? VE WAR OR DATES)	172-12-7		Ray Rodeheav			7a.2670		
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA				ibrillation			Minu	onset and death	
	Ų	Conditions, if ony, which gove rise to immediate  Conditions, if ony, which gove rise to immediate  Conditions, if ony, which some constant Disease  Weeks									
		cause (0), stating the underlying cause last.	(c)		clero	tic Cardio-Va			year		_
	NO	PART 2 OTHER SIGNIFICANT (				ural effusion		DITION GIVE	EN IN PART 1	α	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES		
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	(RT 1 OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C LAT HOME, STRE	ET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	06	COUNTY	STATE	
		220.1 certify that (1) (this haspi saw the deceased alive on boxe. 1) [1/2] [did] (did see	August	26 19	May 86	nd that in (my) (auc) opinian	ta Augus t	ote and hour	and from the		1
		The SIGNATURE L	RI	in plo	1,	ATTENDING X	X MEDICAL STA	IAN []	26 A	ugust 8	E
		Herbert H. L		M.D.	-	Oak @ Fifth	Sts., Oakl	and, N	1ary1an	d 21550	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				Ť

DHMH - 18 60M 7/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

(VRA 15, 4)

Burial 8/28/86 Durst Funeral Home-Oakland, Md. 21550 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Bayard Cemetary

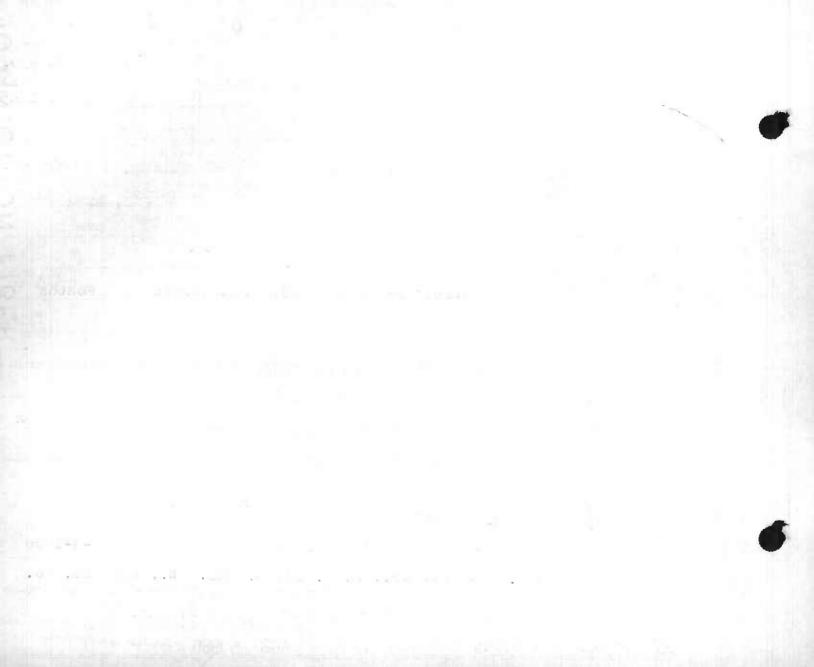
23d LOCATION Bayard

COUNTY Grant W.Va.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		MANAGE NAME OF THE PARTY OF THE	Žinses		nitens.
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	or semina i	A 44		ar compar	
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basivest .	its., Oakland	data a fed		natification .	II Smadneil I
Y. Jagar	10000	wedges from	- ±(0)	207.25. 5	Interes
			in, order	tns1610-000	Latinial Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN X MONTH 1,86 (TYPE OR PRINT) ESTI-930P FRA DIRECTOR. OUR FILES. THIN 72 HOURS Auddie DEATH MATED RHODEN 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 1.86 2115 Mal White 3, 1931 55 Mar. DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORFIGN COUNTRY) Florida USA WIDOWED [ DIVORCED Garrett County 120 USUAL OCCUPATION (TYPE OF WORK & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Deep Creek Drive McHenry Manager / Vice P Rent-All Co. Maryland Garrett MCHenry 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Deep Creek Drive 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Henry Bennett Rhoden Tottie 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14b. SOCIAL SECURITY NO P.O. BOX 178 (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 262-42-2061 Yes Korea Mary E. Rhoden, McHenry, MD 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: Carcinoma of lung with metastases Vonuns IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, if ony, which USED AS A BURIAL - TRAN OF HEALTH AND MENTAL gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E DEPARTMENT OF HEAT TO BURIAL, C 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? THE C. YES NOT TO MEDICAL EXAMINER; THIS CERTIFICATE, WORKENDER WOLD SECULT HE CERTIFICATE, WITHING THE WOLD PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE COUNTY X 22a. I certify that I took charge of the remains described above held to Autopsy Inspection Inquiry and in my opinian death resulted Lam: Undetermined manner Natural causes DATE 8-3-1986 MEDICAL EXAMINER Feaster, Jr., M. D. address 107 S. 2nd. St., Oakland, Md. 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Oakland, Garrett, MD Thayerville Cemetery 8-5-86 Burial BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS who Davidson-Handeles **DHMH-17** Wmau-Grantsville, MD (VR A15 ME (5)) 15M2/80



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANDS

funeral director, page 3 thin 72 hours ofter death

## STATE OF MARYLAND

3

REGISTRAR				CENTII	ICATE OF DEATH	REG. N	0.				
1 DECEASED NAME	FIR51	11118	MIDDLE	ı	AST	26. DATE OF DEATH		DAY	YEAR	26 HOU	
(TIPE OR PRINT)	Lloyd			SHA	ARTZER		8	15	86	8:25	a
3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)		DER 1 YEAR	IF UNDER	
Vala	-	1.7h -	l de m	Tune	3, 1897	89	YR:	MONI	HS DATS	HOURS	MIN.
Male Male	DR FORFIGN	Whi	WHAT COUNTRY?	9		9 BALTIMORE CITY C			DEATH		
Maryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	US		MARRIE	D NEVER MARRIED 🔀	Garrett					MD.
A CITY OR TOWN OF D	EATH			•	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	18	E KIND C	F BUSIN	
Oakland			CHEACILITY, GIVE STREET		al Hagmital	TYPE OF WORK FOR MOST C	OF WORKIN	G LIFE) : IN	NDUSTRY		
USUAL RESIDENCE IN NO	PSING HOME OR				ial Hospital	None			Non	ie	0455
13a. STATE	136 COUN	ITY	13c. CITY OR TOW		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS			1	. 12	2155
Md.	Gar	rett	Oakland		YES NO X	c/o Cuppe	tt-W	eeks	Nur	sing	Home
14 FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			LAS	51	
Andrew			Shartzer	c	Hannah				Kamp	p	
160 WAS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRI	ESS				
(YES, NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	212-54-6	5497	H. A. Shartz	er Morgant	OWD.	Mes	+ 771	rain	ia
	ATH Catalog		r line far (a), (b), an		n. n. onarcz	cr, norganic	J 1111	1,00		IMATE INTE	
PART I. DEATH	WAS CAUSE	Ď BY:	Pleural H	Effusi	ion - Pulmonar	ry Edema			1 WE		DEATH
	IMMEDIAT	E CAUSE (a)									
TS In 1987 Hard		DUE TO, C	R AS A CONSEQUE		n:			30			
Canditians, if or		(b)_	Ischemic	неаги	Disease				year	. 5	
cause (0), sta underlying cau	iting the	DUE TO, C	Arterios	ence of clerot	ic Cardio-Va	scular Disea	ase		unkı	nown	
	GNIFICANT C	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION	GIVEN I	V PART 1	o	
V 190 DATE OF OPER	RATION	TISK CONF	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	120b. IF	YES. WE	RE FINDI	NGS USE	D
190 DATE OF OPER						YES NOX	IN CEI	RTIFYING	G CAUSES	OF DEA	
210. ACCIDENT WAS	- has	110110	OF INJURY	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM	18 PART 1	OR PART 2)		
OR CONTRIBUTING		in .	P.M.	19							
(IF EITHER NOTIFY MI		_	OF INJURY	17	211 LOCATION	77-28					
WHILE NOT AT WORK	WHILE A	(AT HOME S	TREET, FACTORY, OFFICE	ARM, ETC )	STREET	CITY OR TO	NW		COUNTY		STATE
		tal) attended t	he deceased fram_	Apr:	19 19 59	to August	15	19_	86	that (1) (	(we) lost
caw the dece	had alive on	Augus	st 14 10 8	36	nd that ip (my) (our) apinian	death accurred an the d	late and	haur and			
aboye (li (ve	) (dː전) (dɪdənə	wiew the bod	y after death:	,	DEGREE				22c DATE	SIGNED	,
1	14	-7/C	1. 14	- 2	CONTY.	MEDICAL STA	FF _				st 86
22 PLIVE SCIENCE	NAME	141	and alos	- 11	PHYSICIAN (	DIRECTOR PHYSI	CIAN		1/ 1	Augus	36 00
228 PHYSICIAN'S		~	W 5			0. 0.11	. 1	M	1 1	271	EEO
Herbert	H. Le	ighton	M.D.		Oak @ Fifth	Sts., Uaklan	na,	mary	rand	41:	550

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR should be detached for with the State Dept of IMPORTANT IF HE

rked or Item 18 sho

24 FUNERAL DIRECTOR

buria1 Bradley A. Stewart

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Oakland, Maryland

236 DATE

8/17/86

21550

Oakland Cemetery

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Oakland,

Garrett, Maryland





### - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

3. SEX

FIRST

Herbert

4 RACE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

SHOCKEY

5. DATE OF BIRTH

MONTH

17	7	2	1	5
Ca	2	6-	3	

18

86

INDUSTRY

IF UNDER TYFAR

7h HOUR

126 KIND OF BUSINESS OR

Farming

8:50

IF UNDER 24 HRS

REG. NO.

MONTH

8

BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

Garrett

LTYPE OF WORK FOR MOST OF WORKING LIFE)

120 USUAL OCCUPATION

Farmer

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HY	siths o
NG PHYSICIAN The low requires that the death certificate be executed within 24 hours, efter death. Page 4 may be attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after death

Male White Sept. 7, 1896 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Arkansas USA DIVORCED T WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Oakland Garrett County Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113h COUNTY Md. Garrett. Mt. Lake Park YES X 4 FATHER'S NAME MIDDLE Albert Thomas Shockey 166 SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-10-2380 Yes WW I 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Pneumonia, Lower Lung, Right IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Pleural Effusion 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL THE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE FARM ETC 1 0 NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from April sow the deceased alive on\_ did (adnet) new the body after death. 22h-53GAMURE 22d PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS d b Leighton. Herbert H. M.D. 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) burial 8/20/86 White Church Cemetery 24 FUNERAL DIRECTOR Bradley A. Stewart

MIDDLE

Nav

13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1104 Pittsburgh Ave. 21550 NO I 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Alberta Maude Harvey ADDRESS Sherman Shockey, Deer Park, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH B days Myocardial Infarction, Anterior, Acute 1 week 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY August 18 86 and that in (my) (sec) opinion death occurred an the state and hour and from the course stated 22c. DATE SIGNED ATTENDING MEDICAL 19 August 86 PHYSICIAN V DIRECTOR PHYSICIAN Oak @ Fifth Sts., Oakland, Maryland, 21550 23d LOCATION Deer Park, Garrett, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Oakland, Maryland 21550

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME O DATE KNOWN MONTH TYPE OR PRINTS ESTI-25,.86 8 E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED Kenneth sisler Rav 4 RACE & AGE (IN YEARS IF UNDER 1 YR 2d HOU 3 SEX S DATE OF BIRTH IF UNDER 24 HRS LAST BIRTHDAY PRONOUNCED .86 8/26/1924 62 DEAD Male White 9 BALTIMORE CITY OF COUNTY OF DEATH To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED V NEVER MARRIED FOREIGN COUNTRY! Garrett USA DIVORCED WV 12a USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) Timberkman Friendsville Route 1 Lumber USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 136. INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY 1136 CITY OR TOWN Friendsville Maryland Garrett. NO X Route 1, Box 283 21531 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jackson Sisler Lizzie Andrew Frazee 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1662 QIAL SECURITY NO AROUTE 1, Box 283 231-38-8392 Mrs. Verna Sisler Friendsville, MD No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) COPONARY ARTERY disease

( DUE TO, OR AS A CONSEQUENCE OF Years Conditions, if ony, which 11 Arteriosclerosis, generalized gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION H ypertension 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EPARTMENT OF HE PRIOR TO BURNAL, O 190 DATE OF OPERATION 20 AUTOPSY? YES [] NO 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 11 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection ... 27a I certify that I ak charge of the remains described above. Told on Autopsy death resulted from: Homicide Undetermined manner Natural causes TITLE (SPECIFY) DATE 8-26-86 ACTUAL M.D. DEPUTY THE DEPEND James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8/28/86 Blooming Rose Cemetery Friendsville, Garrett, 07/84 25M 4. FUNERAL-BRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Crantsville, MD (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-81803 - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED PO 10 Richard SNYDER SEX 4. RACE DATE OF BIRTH IF LINDER 24 HRS 2c DATE LAST BIRTHDAY MONTHS PRONOUNCED DEAD White Mar. 27, 1927 59 YRS Male BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED X FOREIGN COUNTRY) DIVORCED [ WIDOWED [ USA Germany O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Laborer Gen. Laborer 506 M Street Lake Park SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Se STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21550 YES Z NO [ 506 M Street Garrett Mt. Lake Park Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRS1 MIDDLE UNKNOWN UNKNOWN 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES See #13 Above 289-18-4858 Eleanor Compton APPROXIMATE INTERVAL
BETWEET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: Coronary artery disease IMMEDIATE CAUSE (a). DUE TO, OF AS A CONSEQUENCE OF TIC cardio-vascular disease 22 Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JOSEPH RUTCHOT PURATED TOTHE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that I bak charge of the remains described above, held an Inspection and in my apinian Hamicide Undetermined manner death resulted from: Natural causes 8-11-1986 DATE SIGNATURE MEDICAL EXAMINER 107 S. 2nd. St., Oaland, Md. D. James H. Feaster, Jr., M. EXAMINER'S NAME TYPE OBPRINT 054 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 8/13/86 Oakland Cemetery Oakland Garrett Maryland 07/B4 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Oakland, Maryland 21550 Bradlev A. Stewart

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	PELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS DE 701 W. PRESTON STREET,	M	cHenry	1	Ruran	nen evering el	TAL, NURSING HOME, OR OTH			MOITI	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)  Cook				Restaurant		
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BALTIM	S AFTE GIVE TITH R PAGE IVISIO		VES, NO, OR UNKNOWN)   IF YES, GIVE WAR OR DATES) NO 179-54-1596   Donald W. Waag - same as 13														
X ST.	HOUR NG W RMIT.	-	PART I DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  Asphyxiation											96	RETWEEN ONSET AND DEATH		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES PAGE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MEMONE, MARKAUD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	The EXTERNAL CAUSE WAS  216. TIME OF INJURY  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2  Jumped from boat and drowned											OR PART 2)			
DIVIS	WRITING WARDED VARDED SAGE 3 SI	MED	WHILE AT WORK		21e PL	ACE OF INJU	ek Lak	e 211 to	CATION CATION	Rt.		McHenry	(	Garre	tt 1	Md STATE	
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07/B4 25M	BP		Burial		Aug. 11	. 1986	St. I	lary'	s Ceme	terv	Ro	ss Town					
9999	DHMH - 17 (VR ATS ME (5))		Durst F	alut)	ome - C	akland	, Marv	land		AUG.	EC'D. BY	REGISTRAR 23	b REGISTRA	R'S SIGNA	TURE		
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Durch Punning Steps - Onkland, Buryland 11950 William